

Global polio eradication segment from Immunization Update  
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For our last vaccine brief, we would like to update you on the  
status of global polio eradication. The Global Polio  
Eradication Initiative was launched by the World Health  
Assembly in 1988. It's coordinated by the World Health  
Organization in partnership with the CDC, Rotary  
International, and UNICEF. National governments, private  
foundations, nongovernmental organizations, corporations, and  
volunteers are all collaborating to achieve eradication.

In 2000, about 29 hundred confirmed polio cases were reported  
from 20 countries. During 2001, a total of only 494 confirmed  
cases of polio were reported from 10 countries. These 10  
countries, shown on this map in red are located in 3 WHO  
regions- Africa, Eastern Mediterranean, and South East Asia.  
The largest number of cases was reported from Pakistan and  
India.

Another major milestone was achieved in June 2002, when the  
European region was certified as free of indigenous wild  
poliovirus transmission. The European region includes 51  
countries, from western Europe through the countries of the  
former Soviet Union, and has a population of 870 million. The  
European region is the third WHO region to be certified free  
of indigenous wild virus polio. This follows certification of  
the Region of the Americas in 1994, and the Western Pacific  
Region in 2000. An estimated 3.4 billion people, or 55 percent  
of the world's population, now live in countries and  
territories certified free of endemic wild poliovirus  
transmission.

Several challenges to global eradication remain. Among them:  
maintaining high-quality surveillance and immunization  
activities; gaining access to children in conflict affected  
countries; providing sufficient oral polio vaccines; and  
ensuring political and financial support until certification  
of global eradication is achieved in 2005.

YOU may be able to help meet at least one of these challenges.  
CDC continues to recruit health care professionals for  
short-term field assignments to polio endemic countries. This

program is called Stop Transmission of Polio, or STOP.

Here is Dr. Linda Quick, coordinator of the STOP program, to tell you about it.

QUICK:

The global program for polio eradication began in 1988, and is led by the World Health Organization. WHO has many partners in this effort, including UNICEF, Rotary International, the Centers for Disease Control and Prevention, and the ministries of health of every country in the world. Over the years, CDC has provided technical expertise, especially in epidemiology, surveillance and laboratory science, not only to the WHO and UNICEF, but also to individual countries. During the smallpox eradication program CDC played a vital role along with WHO in providing technical support to many countries for surveillance and containment strategies. The stop transmission of polio or STOP teams provide the same type of technical support for the polio eradication program.

The global polio eradication initiative is now in its final phase. But the challenges that remain are the most difficult ones. The few remaining countries with wild poliovirus transmission must increase immunization coverage rates, add special polio immunization days and improve their polio surveillance in the midst of many competing public health priorities. In order to help these countries eradicate poliovirus, we initiated the STOP team program. The objective of the STOP program is to accelerate the progress of the polio eradication program. This is accomplished by assigning volunteer consultants to polio endemic countries for 3-month tours of duty.

In 1999, the first group of 25 STOP team members were assigned to 5 countries: Bangladesh, Yemen, Burkina Faso, Nepal and Nigeria. Since that time, eight STOP teams, comprising 286 health professionals, have been assigned to 22 different countries. STOP team volunteers have been U.S. citizens, as well as volunteers from 23 other countries.

So, what do STOP team members really do? There are 2 activities, or terms of reference for the STOP teams. The specific activities depend on the needs of the country to which the person is assigned. The most frequent activity is to assist national staff by troubleshooting and improving the flaccid paralysis surveillance system. This requires a lot of travel to various reporting units, such as clinics and hospitals. Some reporting sites may be in very remote

locations. Once at the reporting location, the consultant will help determine the quality of their surveillance and the understanding of the health care workers of the surveillance system. Consultants frequently provide training to health facility staff. There are also opportunities to assist in case investigation of children with paralysis. Last year, there were thousands of paralytic cases reported, all of which needed to be investigated.

The second term of reference is to assist national staff with polio immunization days. During a national immunization day, all children under 5 years of age receive oral polio vaccine on the same day. NID activities may include mapping and other preparatory functions, helping to ensure that the logistics of transporting vaccine are in order, transportation of vaccinators are intact and working side by side with the national staff monitoring house to house vaccination campaigns.

So who makes up the STOP teams? And what qualifications are we looking for? STOP team members come from diverse backgrounds. There are CDC staff, non-CDC professionals, as well as qualified international volunteers. The common link between all STOP team members is an appreciation and understanding of public health, surveillance and epidemiology. This mission can be quite difficult. Team members are assigned to polio endemic countries, often the poorest countries in the world. Once there, team members will travel to the highest risk areas to conduct surveillance, investigate cases and participate in vaccination activities. As important as the technical qualifications is the ability to work well with others of a different culture. This quality is imperative to the success of a mission. This requires not only strong professional expertise but also the ability to work comfortably outside of one's own culture. Team members are expected to live at the district level, which may lack medical facilities, healthy food or comfortable accommodations.

A STOP team assignment isn't for everyone. But it can be a very rewarding experience. If you are interested and would like additional information please contact us. This could be your opportunity to participate in one of the greatest achievements of medical history, the eradication of polio virus from the earth.